



Request for Change

Request Title

Request ID:

PMO Assigned

Date Submitted: [Click here to enter a date.](#)

Section 1: General – Please use arrow keys to move between fillable fields.

a. Contact Information

Submitter Name

Submitter Organization

Submitter Email

Primary Contact Name

Primary Contact Phone – (999) 999-9999

Primary Contact Email

b. System Impact

☐ CSE☐ SDU☐ Business Applications☐ Enterprise Customer Service Solution (ECSS)☐ Infrastructure☐ Other

c. Other Impacts

☐ 1257 / Program Monitoring☐ 34 / 35 Fund Management☐ Adjustments☐ Business Applications☐ Case Data Exchange☐ Case Data Management☐ Collections☐ Compromise of Arrears Program☐ CSE☐ Customer Service/Self-Service☐ Data Clean Up☐ Disbursements☐ Distribution☐ ECSS☐ Enforcement☐ Establishment☐ Forms☐ [Interfaces](#)☐ Interstate☐ IV-A☐ [LDA](#)☐ Locate☐ Obligation Management☐ Reports☐ Security☐ SAT☐ SDU☐ Utilities

Other: Please Specify

d. Source Reference

Indicate all applicable cross reference

Section 2: Description and Justification – Please use arrow keys to move between fillable fields.

a. Date Change Needed By

[Click here to enter a date.](#)

Business justification for date

b. Summary Description

Provide a brief Description of the requested change.

c. Detailed Description – Please use arrow keys to move between fillable fields. Type your responses in the spaces below the blue text.

Problem/Opportunity

- Provide a detailed description of the problem or opportunity.
- What is causing the problem or what is the benefit of the enhancement?
- Where, when and how often is the problem occurring?
- What and how did you measure to determine the magnitude of the problem or opportunity?
- Is this a software upgrade? Is the product out of support/end-of-life?

Analysis/Findings

- Quantify/Qualify the impacts related to the problem or the extent of the opportunity.
- How many cases/participants/users are impacted?
- Will there be a new workload and who will perform this work?

- *Will there be a change to an existing workload and who performs this work in the future?*
- *Did a current business process fail, and if so, why? Describe the impacts.*
- *Will any policies ☐, processes ☐, procedures ☐ or business functions ☐ be impacted? Describe the impacts.*
- *What systems ☐, data ☐, pages ☐, forms ☐, reports ☐, and/or file exchanges ☐ are impacted or needed due to the requested change(s)? Describe the impacts.*
- *For new/upgrade software, are there dependencies to other products/middleware? Has a compatibility matrix been developed?*

Desired Outcomes

- *Explain the desired end result/outcome and their impacts to the business.*
- *Describe the impact of not implementing the change.*
- *Describe the methodology used to determine the impact.*
- *What is the likelihood of the event/impact happening?*
- *Describe the methodology used to determine the likelihood.*

d. Justification – Please use arrow keys to move between fillable fields. Type your responses in the spaces below the blue text.

Benefits/Rewards

Quantify the Statewide benefits of this change and/or how it will help DCSS meet its goals.

- *Will the change accomplish a task in the Strategic Goals/Performance Management Plan?*
- *What is the benefit realized, risk avoided?*
- *What information ☐, data ☐, or queries ☐ were used to corroborate? Describe.*
- *How will success and effectiveness be measured and who will monitor it once the change is implemented?*

Communications

- *Describe the type and degree of external/internal communication ☐, training ☐, policy/procedures ☐ and updating of technical support ☐, are needed to inform all stakeholders prior to and/or after implementation.*

Acquisition/Program Cost

- *Describe contract, procurement, fiscal and/or legal impacts.*
- *Are Request for Contract Services, Interagency Agreement, Interagency Data Analysis, Memorandum of Understanding, or solicitation documents required?*

Supporting Documentation

- *Provide an explanation of supporting documentation.*

☐ Check this box if this RFC is considered to be **CONFIDENTIAL**.**Section 3: Declaration – Please use arrow keys to move between fillable fields.**☐ **Submitter Declaration**

By checking this box the Submitter indicates a willingness to support this RFC through the IT Governance Process.

The Submitter also indicates that they and the Primary Contact will be available to respond to questions or concerns regarding the RFC as well as requests for additional information.

[Submitter's Name and Title]

[Click here to enter a date.](#)